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ABSTRACT

Depression is regarded as the most prevalent mental health disorder in the elderly. Reminiscence, a normative and universal process which can facilitate the resolution, integration, and reorganization of past conflicts can have positive or negative effects on depression. One environment where the elderly are particularly at risk for the negative sequelae of reminiscing is the nursing home. Previous reminiscing studies have focused only upon one specific time period, rather than intermittent therapy, making their results of limited clinical application for professionals who work continuously with depressed nursing home residents. This study was conducted to investigate the effects of intermittent reminiscence therapy on depression levels of nursing home residents who had previously participated in a reminiscing therapy group which met for 11 weeks 9 months ago. A paired t-test revealed a significant initial decrease in depression levels followed by a small, but insignificant, difference between therapy sessions. This would indicate that although an insignificant difference was found from the first through the second therapy session, the initial decrease in depression was maintained, suggesting that such therapy had a positive long-term effect on residents' depression. (Author)

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THE EFFECTS OF INTERMITTENT REMINISCENCE THERAPY ON
NURSING HOME RESIDENTS' DEPRESSION LEVELS

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The Effects of Intermittent Reminiscence Therapy on Nursing Home Residents' Depression Levels

Abstract

Depression is regarded as the most prevalent mental health disorder in the elderly. Reminiscence, a normative and universal process which can facilitate the resolution, integration, and reorganization of past conflicts can have positive or negative effects on depression. One environment where the elderly are particularly at risk for the negative sequelae of reminiscing is the nursing home. However, previous reminiscing studies have focused only upon one specific time period, rather than intermittent therapy. Thus, these results are of limited clinical application for professionals who work continuously with depressed nursing home residents.

The purpose of this study was to investigate the effects of intermittent reminiscence therapy on depression levels of nursing home residents who had previously participated in a reminiscing therapy group nine months ago for eleven weeks. A paired *t* test revealed a significant initial decrease in depression levels followed by a small, but insignificant difference between therapy sessions. This would indicate that although an insignificant difference was found from the first through the second therapy session, the initial decrease in depression was maintained indicating that such therapy had a positive long-term effect on residents' depression.

EFFECTS OF INTERMITTENT REMINISCENCE GROUP THERAPY ON NURSING HOME RESIDENTS' DEPRESSION LEVELS

Depression is regarded as the most prevalent mental health disorder in the elderly.¹ Reminiscence, a normative and universal process which promotes the resolution, integration, and reorganization of past conflicts, can have either a positive or negative effect on depression.²⁻³ One environment in which the elderly are particularly prone to the negative effects of reminiscence is the nursing home.³⁻⁴ An effective method found to facilitate the positive effects of reminiscence has been group therapy.⁵⁻¹⁰ However, previous reminiscence group therapy studies have focused only upon one specific time period, rather than intermittent therapy. Thus, these results are of limited clinical application for gerontological nurses and other nursing home professionals who work continuously with depressed nursing home residents, where the effects of intermittent reminiscence group therapy are unknown. The purpose of this study was to investigate the effects of intermittent reminiscence group therapy on nursing home residents' depression levels.

Parsons found, during a one time (six weeks) reminiscence group therapy session, that community-bound elderlys' depression levels decreased. Parsons speculated that increased social interaction allowed the participants to use the group process as a catharsis for their past failures among peers, reducing subjects' depression levels. She postulated that reminiscing strengthened subjects' ego integrity by providing a balance to their life experiences, revealing that life had been "good and worthwhile." Parsons subjectively chose depressed subjects to participate, possibly excluding some individuals and limiting the results and sample size of this study. Scoring of participants' progress and depression was subjectively done by observing participants. No follow-up process occurred.¹¹

Baker's reminiscence therapy study of 6 weeks' duration with mentally impaired elderly in a day care center found that communication developed and improved, becoming more open and supportive between members as therapy progressed, lessening subjects' depression. It was inferred that therapy improved subjects' sense of "self" while stimulating their "growth and life satisfaction," ultimately, improving their "psychological well-being." Leaders subjectively scored participants' behavior. No follow-up progress was performed to substantiate long term results of decreased depression scores.⁵

Griffiths and Horgan found a progressive reduction in their subjects' depression levels with 11 weekly reminiscing therapy sessions, lasting one hour each. They postulated that participants' depression levels decreased as their support systems and communication skills improved. Griffiths and Horgan felt that this supportive group structure would continue, even with the end of therapy, perhaps lessening subjects' depression for an unknown time. In this

study, sample size was small, limiting generalizations. Actual follow-up was not studied, only surmised.¹²

Presently, limited information exists regarding the effects of intermittent reminiscence group therapy on nursing home residents' depression levels. Therefore, I began to study these variables to clarify nursing's present knowledge. I hypothesize that intermittent reminiscence therapy will reduce subjects' depression levels from Time 1 (first therapy session performed by Griffiths and Horgan in 1985) through Time 2 (second therapy session by Connell and Smith in 1986).

METHOD

A quasi-experimental pre/posttest design was used with nonprobability, purposive selection of the sample population into two groups. Group 1 consisted of individuals who had participated in two reminiscence therapy groups: Griffiths' and Horgan's consecutive 11-week therapy, lasting for one hour each time in 1985 (Time 1) and Connell's and Smith's 9 weeks of similar reminiscing therapy in 1986 (Time 2). Group 2 consisted of individuals who participated only in the latter group therapy in 1986 (Time 2).

Connell and Smith began exploring the depression levels of all 6 participants of the Griffiths' and Horgan's study of 1985. It was then decided to ask these subjects to participate in this present study (structured similarly to the 1985 therapy session) and to include an equal number of new subjects. An initial sample consisted of 9 nursing home residents. Of these, 5 were members of the 1985 group and 4 were new members chosen by subjects of the 1985 group, nursing staff, and leaders of this group. New members were chosen because it was felt that they would benefit from this therapy. All members were receiving level III care, within the same nursing home. Each member was over the age of 65 years, literate, and English-speaking, who was able to speak, hear, and see well enough and able to sit long enough to participate. As determined by the *Kahn-Goldfarb Mental Status Questionnaire*, they could not be within the severe range of impaired mental functioning, nor could they be taking narcotics, psychotropics, or antidepressants medications. All were able to understand the risks, benefits, and confidentiality of this study and able to give an informed consent.

Of the initial sample (N=9), two old members and one new member discontinued therapy for various personal reasons. The final sample (N=6), consisted of 3 old members and 3 new members. The mean age of the sample was 89 years (SD=2.89). All members were female with 50% never married and the remainder were widowed. Otherwise, the sample appeared heterogeneous in occupations, education levels, and cultural backgrounds.

PROCEDURES

Initially the pre/posttest depression scores of old members were obtained by leaders from the Griffiths' and Horgan's 1986 study. Then, the purpose of this study, risks, and benefits were explained to both old and new subjects and verbal consent was obtained privately in each subjects' room, after administering the *Kahn-Goldfarb Mental Status Questionnaire*. Each member was then given the opportunity to ask questions about the therapy and confidentiality was ensured. Following this, Pfeiffer's *Short Psychiatric Evaluation Schedule* was administered to measure each member's depression level.

Formulation for the group process was then initiated between the two leaders who agreed to lead every other meeting, allowing the nonleader to observe the participants. During the initial meeting, the leaders discussed the type, structure, goals, and rules for the one hour weekly meetings, which were to be scheduled over 9 consecutive weeks. The primary goal for group therapy was to promote personal growth and development of subjects by promoting their self-esteem and by increasing support to members through reminiscing therapy. Functional objectives included: to increase social communications, friendships, and personal responses to past experiences. Group topics were planned to establish group identity and consisted of weekly themes. Leaders encouraged participants to choose themes in advance, so that leaders could provide sensory stimulating props. Some themes chosen included: travels, occupations, holidays, old neighborhoods, family activities, pets, personal losses, illnesses, and restrictions. All subjects were encouraged to actively participate in discussions lasting 45 minutes. After this time, the leader would adjourn the formal meeting and offer a summation, followed by 15 minutes of refreshments and informal communication among members. Baker's *Evaluation Tool for Reminiscence Group Therapy* was used by both leaders, immediately following the weekly meetings to determine each member's level of participation in that meeting. At the end of 9 weeks, Pfeiffer's *Short Psychiatric Evaluation Schedule* was readministered to each subject, privately in her room.

INSTRUMENTS

Pfeiffer's *Short Psychiatric Evaluative Schedule* (SPES) was used to measure depression. This test is part of the *OARS Multidimensional Assessment Scale* devised by Duke University. It consists of 15 "yes"/"no" questions about how the respondent feels at the time of testing. Scores

range from 0-15 (0 indicating no depression and 15 signifying significant depression). The higher the score the more depression. The following scores indicate the various levels of depression as depicted by this tool:

0 - 3 = none to mild depression

4 - 7 = moderate depression

8 - 11 = severe depression

12-15 = extreme depression

Reverse scoring is used to decrease the frequency of wrong responses. No reliabilities or validity of scores could be found, although Ebersole and Hess confirm this tool's effectiveness.¹³

Baker's *Evaluation Tool for Reminiscence Group Therapy* was used to evaluate subjects' weekly participation in the group process. Areas evaluated included: verbal interaction, eye contact, touch, smiles, leadership, activity participation, and hostility. Each of the following areas has a range of score from 0-5 (0 indicating no participation to 5 signifying significant participation). Total score range is from 0-35 (the higher the score the higher the degree of participation in the group process). Baker (1985) and Griffiths and Horgan (1986) found this tool effective in measuring subjects' participation, although no validity or reliability indicators could be established.

RESULTS

Depression data was analyzed using the *Human Systems Dynamic Stats* soft-ware computer package. Table 1 shows a summary of the pre/posttest depression scores of Group 1 (1985) during Time 1 and Time 2 (1986) of old members. Paired t tests were obtained to determine whether differences in depression occurred in Group 1. No significant differences in depression levels were found [$t(2) = 1$; $p < 0.05$] revealing that depression levels remained stable between therapy sessions. A paired t test comparing pre/posttest depression scores of Group 2 members was found significant [$t(2) = -3.46$; $p < 0.05$] indicating that a small but significant decreased in depression scores occurred in new subjects receiving reminiscence therapy for the first time (Table 2). Finally, a paired t test comparing the pre/posttest depression scores of the total sample of 1986 was also significant [$t(6) = -2.67$; $p < 0.05$] revealing a small decrease in depression levels of all participants in the 1986 reminiscing therapy group (Table 2). Therefore, the hypothesis that intermittent reminiscence therapy will further reduce subjects' depression level from Time 1 through Time 2 was not substantiated.

Evaluation of subjects using Baker's *Evaluation Tool for Reminiscence Group Therapy* revealed an increase in participation of all members in the 1986 therapy. From a maximal score of 35, participation increased 5.83 points in Group 1 members, with a corresponding increase of

Intermittent Reminiscence Therapy

5

10.67 points in new members (Group 2). As seen from Table 3, those who participated more in therapy had a larger portion of depression reduced, although this was not statistically calculated.

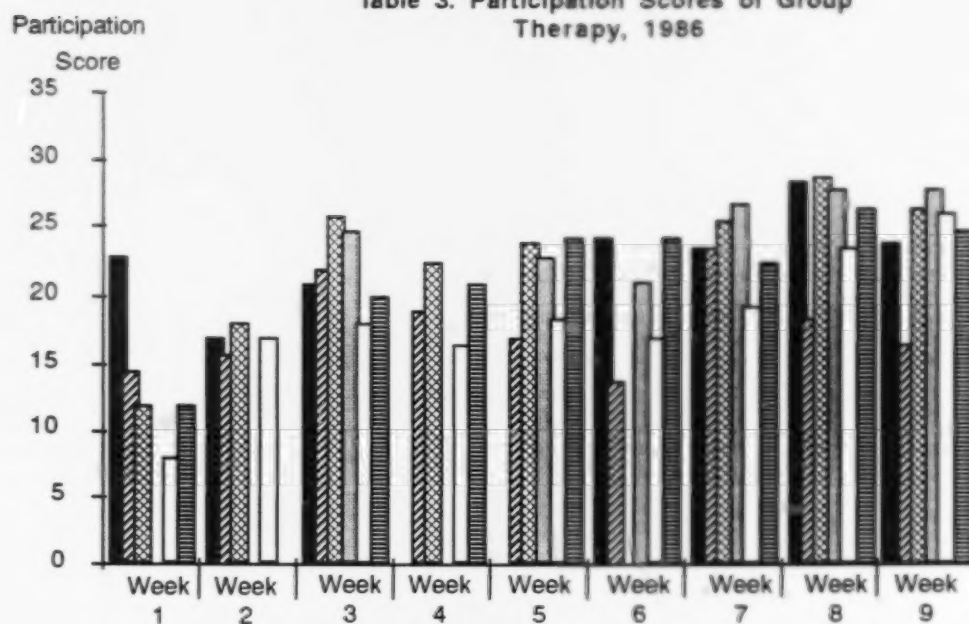
Table 1. Means, Standard Deviations, and Ranges of Depression Scores of Group 1.

<i>Time 1</i>		<i>Time 2</i>
Pre/Posttest	Post/Pretest	Pre/Posttest
1985	12/85-10/86	1986
X=4	X=4	X=4.67
SD=1.73	SD=2	SD=1.15
Range=3-6	Range=2-6	Range=2-7

Table 2. Means, Standard Deviations, and Ranges of Depression Scores of Time 2, 1986.

Pre/Posttest	Pre/Posttest	Pre/Posttest
Old Subjects	New Subjects	Total Sample
n=3	n=3	N=6
X=4.67	X=5	X=4.83
SD=1.15	SD=4	SD=2.64
Range=2-7	Range=2-9	Range=0-9

Table 3. Participation Scores of Group Therapy, 1986



	Predepression Score	Postdepression Score
■ Subject #1	6	7
▨ Subject #2	4	2
▩ Subject #3	4	2
■ Subject #4	9	7
□ Subject #5	1	0
▬ Subject #6	5	2

DISCUSSION

Possible range of depression scores was 0-15. The mean of 4.83 showed moderate depression in the total sample, which supports previous studies indicating that institutional subjects are at risk for depression.³⁻⁴

As previously reported, both new members and the total sample of 1986 had significant reductions in depression. These findings add support to other studies which have found reminiscence to be an effective therapy for depression.⁵⁻¹⁰

As indicated by the comparison of posttest of 1985 to the pretest of Group 1 subjects in 1986, no significant differences in depression levels occurred. However, Griffiths and Horgan (1986) found a significant difference in pre/posttest depression levels of their subjects during their 1985 therapy. One possible factor which could have influenced the depression scores of Group 1 during the 1986 therapy session was that one participant had developed metastatic cancer, decreased her participation in therapy, and became more withdrawn, perhaps skewing depression scores found in this limited sample. Of significance, is the fact that improved depression levels of Group 1 from 1985-1986, were maintained, even with one member who was found, during the study, to be gravely ill. These results would also suggest that the effects of reminiscence therapy may affect depression levels positively for a period of time, even with illness. How long such an effect may occur is still unknown and needs further clarification.

Table 3 reveals that those individuals who participated more, reduced their depression levels greater than those who participated less. Therefore, there seems to be an inverse relationship between participation and depression scores. If the relationship between participation and depression scores could be established, than this information could be used to note those individuals at risk for nonparticipatory functioning in therapy sessions using Baker's *Evaluation Tool for Reminiscence Group Therapy*.

Additionally, this study could not control for conversations occurring between subjects, added or unknown sources of subjects' depression, nor the Hawthorne effect occurring before and during repeat testing.

As a small pilot study with various limitations, these findings remain useful. Reminiscence therapy for mild to moderately-severe depressed elderly residents of a nursing home potentially reduces depression, while providing participants with an additional support system which enhances socialization and friendships. It is a simple form of therapy to implement for a nurse practitioner. No chemical side-effects occur, as in antidepressant therapy. It is also cost effective, when compared with drug or individual therapy. However, additional knowledge is necessary to clarify the effects of intermittent reminiscence therapy upon depression.

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